# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)				PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPP	1		FEC II	DENTIFICATION NUMBER ▼
ALL UTIZENO FUK MIOOIOOIFF	i		C	C00564351
			M = M /	/ D D / Y Y Y Y
Check if 24-hour report 48-hour report	New rep	port Amends repo		
Full Name of Payee Alpha Media				c Distribution/Dissemination
			10	28 / 2014
Mailing Address 731 S Pear Orchard Road Su	te 27		Amount	
City	State	Zip Code		3400.85
Ridgeland	MS	39157	Transaction I	ID: SE.4306 ursement or Obligation
Purpose of Expenditure Radio Ad		Category/ Type 004	10	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President 2	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		5901.85	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee			Date of Public	c Distribution/Dissemination
iHeart Media			10	28 2014
Mailing Address 1375 Beasley Road			Amount	
City	State	Zip Code		3501.00
Jackson	MS	39206	Transaction II  Date of Disbu	D: SE.4307 ursement or Obligation
Purpose of Expenditure Radio Ad		Category/ Type 004	10 M	28 2014
Name of Federal Candidate		Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		9402.85	Disbursement For: 2014 Other (sp	Primary ⊠ General Decify) ►
(a) SUBTOTAL of Itemized Independent Exper	ditures		<b>•</b>	6901.85
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>•</b>	1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the inder with, or at the request or suggestion of, any ca party committee) any political party committee of	andidate or authorize	•		
Jacqueline Vann Signature	[Electro	onically Filed] Date	10 29	2014
Signature				

Schedule E)	LIVI EXI ENL	JII OI LEO	<u> </u>	PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FEC IDE	ENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI			C	00564351
Check if 24-hour report 48-hour report	New re	port Amends repo	t filed on	D = D / Y = Y = Y
Full Name of Payee Roberts Radio, LLC			M = M /	Distribution/Dissemination
Mailing Address 745 N State Street			Amount	28 2014
City	State	Zip Code		3000.00
Jackson	MS	39202	Transaction ID	
Purpose of Expenditure Radio Ad		Category/ Type 004	10	28 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President X	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		12402.85	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee The Jackson Advocate			M = M /	Distribution/Dissemination
Mailing Address 438 Mill St			Amount	29 2014
City	State	Zip Code		1600.00
Jackson	MS	39202	Transaction ID Date of Disbur	
Purpose of Expenditure Newspaper Ad		Category/ Type 004	10	29 / 2014
Name of Federal Candidate		X Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President X	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		17102.85	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expend	itures		<b>•</b>	4600.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Jacqueline Vann Signature	[Electro	onically Filed] Date	10 / 29	2014
-				

Schedule E)	I LXI LIND	ITOTILO		PAGE 3 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (IN FUII) ALL CITIZENS FOR MISSISSIPPI			FE	C IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIPPI			C	C00564351
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee The Mississippi Link			Date of F	Public Distribution/Dissemination
Mailing Address 2659 Livingston Rd			Amount	29 2014
City	State	Zip Code		800.00
Jackson	MS	39213		ion ID : SE.4311 Disbursement or Obligation
Purpose of Expenditure Newspaper ad		Category/ Type 004	10	
Name of Federal Candidate		Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, , ,	15502.85	Disbursement For 2014 Other	or: Primary X General r (specify) ▶
Full Name of Payee WMPR 90.1 FM			М = 1	
Mailing Address 1018 Pecan Park Circle			Amount	28 2014
City	State	Zip Code		1500.00
Jackson	MS	39209		on ID : SE.4305 Disbursement or Obligation
Purpose of Expenditure Radio		Category/ Type 004	10	
Name of Federal Candidate		X Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, , ,	2501.00	Disbursement For 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	·S		<b>•</b>	2300.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
				4 1 4 1 6 1
(c) TOTAL Independent Expenditures			· <b>.</b>	7 1 7 1 7 1
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Jacqueline Vann	[Electron	ically Filed] Date		29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	I EXI END	ITOTILO		PAGE 4 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) ALL CITIZENS FOR MISSISSIPPI			FE	EC IDENTIFICATION NUMBER ▼
ALL CITIZENS FOR MISSISSIFFI				C00564351
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee WQID Radio			Date of I	Public Distribution/Dissemination
Mailing Address 301 Humble Ave., Ste 134			10	
			Amount	
City	State	Zip Code		1500.00
Hattiesburg	MS	39401		tion ID : SE.4310 Disbursement or Obligation
Purpose of Expenditure Radio Ad		Category/ Type 004	10	
Name of Federal Candidate		X Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President	Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		14702.85	Disbursement F 2014 Othe	or: Primary X General er (specify) ▶
Full Name of Payee WRTM-FM			Date of	Public Distribution/Dissemination
			10	
Mailing Address P O Box 9734			Amount	
City	State	Zip Code		1001.00
Jackson	MS	39286-9734		on ID : SE.4304 Disbursement or Obligation
Purpose of Expenditure Radio Ad		Category/ Type 004	M 10	
Name of Federal Candidate		X Support	Office Sought:	House District:
THAD COCHRAN		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	77	1001.00	Disbursement F 2014 Othe	for:
(a) SUBTOTAL of Itemized Independent Expenditure	9S			2501.00
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· <b>•</b>	4 1 4 1 4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Jacqueline Vann	[Electron	ically Filed] Date		29 2014
Signature				

	nedule E)	ON ONES		PAGE 5 OF 5 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full) LL CITIZENS FOR MISSISSIPPI			FEC IDENTIFICATION NUMBER ▼
ΑL	L CITIZENS FOR WISSISSIPPI			C C00564351
Che	ck if 🔀 24-hour report 🗌 48-hour report 🔀 New re	port Amends repo		M / D = D / Y = Y = Y
Т	Full Name of Payee		Date o	f Public Distribution/Dissemination
	WTYJ			10 28 2014
1	Mailing Address 20 East Frankiln Street		Amour	nt
╁	City State	Zip Code		800.00
	Natchez MS	39120		action ID : SE.4309  If Disbursement or Obligation
	Purpose of Expenditure Radio Ad	Category/ Type 004		10 28 / 2014
ı	Name of Federal Candidate	Support	Office Sought	: House District:
	THAD COCHRAN	Oppose	Preside	nt Senate State: MS
	Calendar Year-To-Date Per Election for Office Sought	13202.85	Disbursement 2014 Ot	For: Primary
ſ	Full Name of Payee			of Public Distribution/Dissemination
-	Mailing Address		M	M / D D / Y Y Y Y
	INALINITY AUDIESS		Amour	nt
ŀ	City State	Zip Code		
			Date of	of Disbursement or Obligation
	Purpose of Expenditure	Category/ Type	M	M / D D / Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought	t: House District:
		Oppose	Preside	ent Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursement	t For: Primary General
_				
(a	a) SUBTOTAL of Itemized Independent Expenditures		•	800.00
(1	b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7 1
(	c) TOTAL Independent Expenditures		•	17102.85
W	Inder penalty of perjury I certify that the independent expenditure rith, or at the request or suggestion of, any candidate or authorize arty committee) any political party committee or its agent.			
		onically Filed] Date	9 10	29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature			